

# Standard Plan

Administered by Blue Cross & Blue Shield United of Wisconsin



## BlueCross & BlueShield United of Wisconsin

An independent license of the Blue Cross and Blue Shield Association

### What we are

A comprehensive health plan that provides you with complete freedom of choice among hospitals and physicians.

It is administered by Blue Cross & Blue Shield United of Wisconsin – a local company known for its service, convenience, automated processing, and the I.D. card that is recognized and accepted across the nation.

### Where we are

In addition to our corporate headquarters located in Milwaukee, we have three regional service centers. We can answer questions about claims or benefits in our offices, by letter, by e-mail or by telephone. To provide more personal service that is convenient and accessible, we also offer early evening/after work and walk-in customer service.

### Exclusions and limitations

- Physical exams requested by third parties (i.e., school, insurance, etc.)
- Services or supplies for custodial care or rest cures, as defined by the contract
- Cosmetic surgery
- Services, supplies or equipment that are not medically necessary, or which are experimental/investigational
- Eyeglasses, contact lenses or hearing aids or examinations for their prescription or fitting
- In vitro fertilization or artificial insemination

- Weight loss programs, services or supplies
- Dental services except as specifically provided
- Organ transplants except as specifically provided
- Reversals of sterilization
- Care covered by worker's compensation

#### Plan Changes for Year 2002

- The annual deductible will increase to \$250, maximum of two per family (remains at \$150 for those with Medicare coverage).
- The prescription drug copayment will increase from \$3 for both brand name and generic drugs to \$15 for brand/\$5 for generic.

#### Covered Services-no deductible:

- Hospital services
- Maternity care
- Extended care facility (except custodial)
- Surgery
- X-ray and laboratory services

#### Covered Services – at 80 percent after deductible:

- Office calls
- Routine physical exams
- Physical, speech, and occupational therapy when necessitated by illness.
- Extraction and/or replacement of natural teeth when necessitated by an accidental injury.

This is intended as a general outline of benefits. It is not intended to be a complete description of coverage and does not serve as a legal document. For a complete listing of benefits, limitations, and exclusions please refer to the Benefit Handbook available through your personnel representative or call us at Blue Cross & Blue Shield United of Wisconsin.

#### Regional service centers

Customer service hotline for  
State of Wisconsin employees  
1-800-755-6400

#### Northeastern Service Center

145 South Pioneer Road  
Fond du Lac, WI 54935  
(920) 923-4141

#### Southeastern Service Center

401 West Michigan Street  
Milwaukee, WI 53203  
(414) 226-2233

#### Southwestern Service Center

19 West Main Street  
Evansville, WI 53536  
(608) 882-5967

#### Western Service Center

2270 EastRidge Center  
Eau Claire, WI 54701  
(715) 836-7737

#### Or e-mail us at at our website:

[www.bluecrosswisconsin.com](http://www.bluecrosswisconsin.com)

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Deductible & Coinsurance: Deductible is \$250 per person, \$150 for those with Medicare, per calendar year; maximum of two per family. After deductible plan pays 80%, you pay 20% until your coinsurance maximum is reached; the maximum is \$1,000 per individual/\$2,000 per family, does not include deductible. Major medical maximum is \$250,000 per lifetime.

Health Benefits	Plan Pays	Limitations
<b>Physician</b>	100%	Non-emergency office calls – deductible and coinsurance. Other services – \$10,000 per illness or injury, then major medical.
<b>Hospital</b>	100%	365 days in semi-private room.
<b>Laboratory and X-rays</b>	100%	None
<b>Drugs and biologicals</b>	100%	After copayment per prescription: \$15 for brand/\$5 for generic.
<b>Mental health</b>	100%	INPATIENT - 120 days or \$6,300 per calendar year, which ever is less. (Combined with alcohol and drug abuse)
<i>In 2002, annual dollar maximums for mental health services are suspended due to the Federal Mental Health Parity Act.</i>	90%	OUTPATIENT - Of first \$2,000 per calendar year. (Combined with alcohol and drug abuse)
	90%	TRANSITIONAL - Of first \$3,000 per calendar year. (Combined with alcohol and drug abuse)
<b>Alcohol and drug abuse</b>	100%	INPATIENT - 30 days or \$6,300 per calendar year, which ever is less. (Combined with mental health)
<i>Maximum for all services is \$7,000 per calendar year, combined.</i>	90%	OUTPATIENT - Of first \$2,000 per calendar year. (Combined with mental health)
	90%	TRANSITIONAL - Of first \$3,000 per calendar year. (Combined with mental health)
<b>Emergency room</b>	100%	None
<b>Extended care facility</b>	100%	120 days per admission less hospital days used. Excludes custodial care.
<b>Vision care</b>	80%	For illness or disease only. Deductible
<b>Prescribed medical services/supplies</b>	80%	Deductible
<b>Transplants</b>	100%	Kidney, cornea, bone marrow, parathyroid, musculoskeletal, as listed in the booklet. Excludes all services related to non-covered transplants.
<b>Chiropractic care</b>	80%	Same as physician
<b>Ambulance</b>	100%	First \$50
	80%	Thereafter, subject to deductible
<b>Additional Benefits</b>		
<b>Physical, speech &amp; occupational therapy</b>	80%	Subject to deductible
<b>Home hospice care</b>	100%	80 visits per six months
<b>Hearing aid</b>	0%	Not a covered benefit
<b>Oral surgery</b>	100%	Same as physician
<b>Infertility services</b>	0%	Not a covered benefit

Standard Plan pays the percent of charge(s) shown above. Charge(s) means customary, usual and reasonable demands for payment for services or other items for which benefits are available, as determined by Blue Cross & Blue Shield United of Wisconsin.